

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

1. Name of Lobbyist(s)	Melinda Poore		
II. Name of lobbyist's p	artnership, firm or corporation, i	fany:	
Char	ter Communications, Inc.		
	of partnership, firm or corporation)		
118 Johnson Road	Portland	ME	04102
Business Address: (Stree			(Zip Code)
(207)253-2217		e-mail melinda no	oore@charter.com
(Z07) <u>233-2217</u> (Telephone)	()(F	ax)	oorewenarter.com
reportable expense tran	ers: (Choose one – file separate repasactions which are not attributable etions occurring in the months prior	le to any one client).	
	Charter Communications, Inc.		
	Full Name of Client as it appears on the		.
<u>OR</u>			
☐ All reportable transac unrelated to any particula	tions by the lobbyist (including the lar client.	lobbyist's family), or the lobbying f	firm listed below which are
	April 26, 2017 from date of registration to 3/31/17	July 26, 2017	
	ctober 25, 2017 ty from 7/1/17 to 9/30/17	January 31, 2018 区 activity from 10/1/17 to 12/31/1	7
	o fees received and no reportal implete just this form and submit it to		-
VI. Check if additional	renorts are attached:		
	fees or made expenditures, you mus	st file Addendum A-Fees and Exp	enses
☐ If you have paid an h Expense Reimbursement	nonorarium or reimbursed expenses,	you must file Addendum B- Repo	ort of Honorariums or
☐ If you, your firm, or	your family has made political contr	ributions, you must file Addendum	C- Political Contributions
and complete to the best	nation by Lobbyist 15-B, RSA 14-C and RSA 664 and of my knowledge and belief.	I hereby swear or affirm that the for	regoing information is true
(Signature of lobbyist)		(Date)	RECEIVED
Melinda Poore (Print Name of lobbyist)	_{aprop} da, supepa ar		JAN 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE